Just complete the application below, have your employer sign it, and return it to: TEAM RIDE, P.O. BOX 499, COLTON, CA 92324-9925

TEAM RIDE Application

YES, I want to join TEAM RIDE. I am a San Bernardino County resident and have been ridesharing to work a minimum of one day per week for the past three months.

To process this application, all information and the two required signatures must be completed.

Commuter Name (Please print)	
Mailing Address (if different than home address)	
City	Zip
Home Phone ()	Your Work Phone ()
Social Security or Driver's License No.:	(Confidential. Used as internal TEAM RIDE member identification number only and is not provided to any other individual or organization.)
Employer Name	
Employer Address	
City	Zip
Employer Phone ()	
How many continuous months have you been trave	
How many miles do you travel one-way from home	
How many days per week do you travel to work in	one-way from home to work? minutes a rideshare mode? (Please check one.) 1 2 3 4 5
Which rideshare mode do you most often use to tra	
Carpool 1 Public Bus Bicycle	
. ,	Please specify)
¹ If carpooling, you must be riding with at least one other working adult.	Date
EMPLOYER INFORMATION • • • • • • •	
This section must be completed and signed by the com-	muter's employer representative or designated Employer Transportation Coordinator.
Employer Representative Name (Please print)	
Title	
Phone ()	FAX ()
EMPLOYER REPRESENTATIVE'S SIGNATURE	Date

 This application is confidential and is used to compile a demographic and statistical profile of the commuters of San Bernardino County.
 12/02 Two Signatures Required Before Returning